


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
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10082714	RECEIVED CENTRAL FAX CENTER AUG 21 2006
	Filing Date	FEBRUARY 25, 2002	
	First Named Inventor	HENKENS, ROBERT W.	
	Art Unit	1637	
	Examiner Name	RILEY, JEZIA	
Total Number of Pages in This Submission	Attorney Docket Number	4320-001800-DIV	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Return <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): REQUEST FOR CONTINUED EXAMINATION
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Akerman Senterfitt/Nicholas Zacharades, Reg. No. 56,712 P.O. Box 5188 West Palm Beach FL 33402-5188	
Signature		
Date	AUGUST 21, 2006	

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	Nicholas A. Zacharades, Reg. No. 56,712	
Signature		Date AUGUST 21, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. The collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/5917 (12-04)

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Effective on 12/09/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		Complete if Known Application Number 11082714 Filing Date FEBRUARY 26, 2002 First Named Inventor MENKENS, ROBERT W. Examiner Name RILEY, JESSIE Art Unit 1637 Attorney Docket No. 4330-001800-DIV	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		620.00	

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METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	Deposit Account Number: 304951 Deposit Account Name: Axerman Senterfitt For the above-identified deposit account, the Director is hereby authorized to (check all that apply): <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ x _____ = _____							
HP = highest number of total claims paid for, if greater than 20							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)			Fee Paid (\$)	
- 100 = 0 / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other: 2 MONTH EXTENSION OF TIME & REQUEST FOR CONTINUED EXAMINATION							620.00

SUBMITTED BY	Registration No. 55,712	Telephone (561) 653-5000
Signature <i>N. Axerman</i>	(Agency/Agent)	Date AUGUST 21, 2006
Name (Print/Type) Nicholas A. Axerman		

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